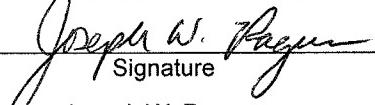


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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |  | Docket Number (Optional)<br>U2054.0156 |
|--|--|--|
| Application Number   | 10/526,959-Conf. #9615                 | Filed January 7, 2005                  |
| For COMMUNICATION METHOD   |  |  |
| Art Unit 2473  | Examiner                               | K. Cehic                               |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |  |  |
|  | Fee                                    | Small Entity Fee                       |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                                  | \$65 \$ 130.00                         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                                  | \$245 \$                               |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110                                 | \$555 \$                               |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730                                 | \$865 \$                               |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350                                 | \$1175 \$                              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input checked="" type="checkbox"/> Payment by credit card. \$130.00<br><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> . |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |  |  |
| I am the <input type="checkbox"/> applicant/inventor.  |  |  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |  |  |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____  |  |  |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>38,586</u>  |  |  |
| <br>Signature   |  | April 13, 2010<br>Date                 |
| Joseph W. Ragusa<br>Typed or printed name  |  | (212) 277-6500<br>Telephone Number     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |  |  |
| <input type="checkbox"/>   | Total of <u>1</u> forms are submitted. |  |